

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3613

State File No.

FILED JAN 23 1950

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. 352		PRIMARY REG. DIST. NO. 4577		Registrar's No. 3	
1. PLACE OF DEATH a. COUNTY <u>Taney</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Taney</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Branson</u>		c. LENGTH OF STAY (In this place) <u>39 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Branson</u>		1060	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>MO</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>WILLIAM</u>		b. (Middle) <u>ASA</u>		c. (Last) <u>STCLAIR</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>January 5th 1950</u>							
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 16th 1875</u>	9. AGE (In years last birthday) <u>74</u>	10. YEARS <u>—</u>	11. MONTHS <u>19</u>	12. HOURS & MIN. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery-retail</u>		11. BIRTHPLACE (State or foreign country) <u>Walnut Shade, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	
13a. FATHER'S NAME <u>William St Clair</u>		13b. MOTHER'S MAIDEN NAME <u>Ailey Cook</u>		14. NAME OF HUSBAND OR WIFE <u>Yinnie St Clair</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herbert St Clair - Branson, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Don't know</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				002X	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 1, 1949</u> , to <u>Jan 5, 1950</u> , that I last saw the deceased alive on <u>Jan 5th, 1950</u> , and that death occurred at <u>1:00 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Harry T. Evans</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Branson, Mo</u>		23c. DATE SIGNED <u>1/6/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>1-7-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Branson</u>		24d. LOCATION (City, town, or county) (State) <u>Branson, MO</u>	
DATE REC'D BY LOCAL REG. <u>Jan 9-1950</u>		REGISTRAR'S SIGNATURE <u>J.E. Esquivel</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>N.O. Helcher</u>		ADDRESS <u>Branson, MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 17 1950
District Health Office No. 6,
District File Number 150-21
Date Filed 1-19-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____,

Student Embalmer No. 334

working under my personal supervision.

Student James W. Stetman
Student Embalmer

Signed

Minnie L. Whelchel

Licensed Embalmer No. 2277

P. O. Address

Channah Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.